Medical Missionary

The Culture of Ghana—March - April, 1961

THE SIGN OF THE CROSS: It covers the whole of you, body and soul; it gathers you up, dedicates you, sanctifies you. It is the sign of the whole man and the sign of redemption. On the cross Our Lord redeemed all men. Through the cross He sanctified the whole man, to the very last fiber of his being.

That is why we cross ourselves before our prayers, so that the sign may pull us together and set us in order, may fix thoughts, hearts, and will in God.

Think of this when you make the sign of the cross. It is the holiest thing there is. Make it carefully, slowly; make a large one, with recollection, for then it embraces your whole being, body and soul, you, your thoughts and your will, imagination and feeling, doing and resting; and it will all be strengthened stamped, consecrated in the power of Christ, in the name of the Holy Trinity.

(Romano Guardini, *Sacred Signs*)

March - April 1961 v. 35 no. 2

the Medical Missionary

UNDERSTANDING FOR AFRICA 34 *Editorial*

GHANA: NEW NATION OF AFRICA 37 *Peter du Sautoy*

BIBIDURU: NATIVE MEDICINE 43 *Sister M. Raphael*

KOKOFU LEPROSARIUM 50 *Sister M. Francis*

A WOOLWORTH ON HER HEAD 54 *Sister M. Raphael*

YAM-YAM 56 *Sister M. John*

MISSION BOOKS 62 *Sister M. Fabian*

The Medical Mission Sisters, founded in 1925, by Mother Anna Dengel, M.D. in Washington, D.C., are a religious congregation, dedicated to the care of the sick in the missions. The Sisters staff hospitals in India, Africa, Pakistan, S. Vietnam and South America. American Provincialate: 8400 Pine Rd., Philadelphia 11, Pa.

Cover Photo
West African Women
Holy Family Hospital
Berekum, Ghana

Photo Credits
Cover: Edward F. Cullen
35, 41, 45, 46 WHO
39, 42 Paul Redayme
40 Govt. Ghana Information
43 British Information

our address: MEDICAL MISSION SISTERS - PHILADELPHIA 11, PA.

The Medical Missionary is Published Bi-Monthly with Ecclesiastical Approbation by the Society of Catholic Medical Missionaries, Inc. Subscription: $2.00 per year; $3.00, two years. Second Class Postage Paid at Philadelphia, Pa.

EDITOR: Sr. M. Angelica ; Business: Sr. M. Kevin ; Art: Sr. M. Lawrence, Charles Madden

Understanding for Africa

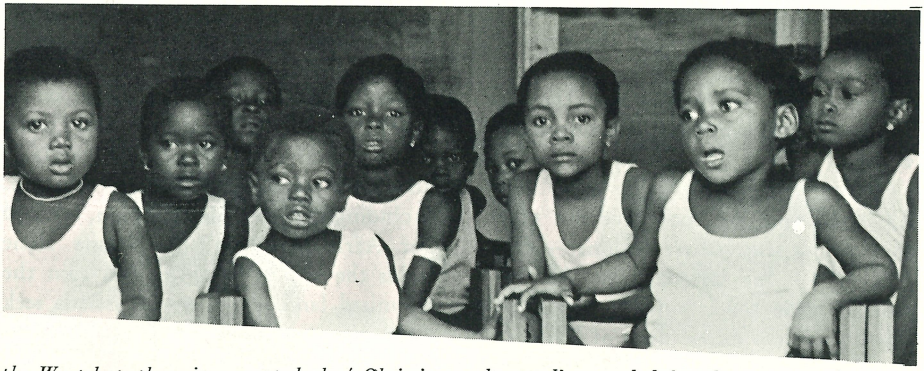
Africa has come alive with the

If the year 1960 can be termed, "the year of African freedom," because of the number of new nations who received their independence during this short span, will the years 1961 and 1962 be known to future generations as years of African understanding? By the end of 1962, at least 14 more African nations will be heard crying the all embracing magic word: *Uhuru*—Freedom.

Africa has come alive with the touch of the West. The impact of the West and the outside world has turned Africa's collection of heterogenous tribes into countries marching forward to nationhood under modern economic and political systems . . . The fever of change from inferiority to equal status, has seized them; while the prospects of their chance to finally partake of the benefits of civilization eggs them on to hurry, hurry, hurry . . . As Dr. Nkrumah, the Prime Minister of Ghana has phrased it using Tennyson's words: "So many worlds, so much to do, so little done, such things to be."

There is much to be done — on our part. These new nations have suffered much. We must make reparation before it is too late. While it is true that colonialism gave the African territories law and order — a settled existence, roads, ports, railroads, in a sense whatever unity the land possesses today yet, one can also say that, for the most part, the structure of colonial Africa was based on the assumption of inequality. The white man monopolized political powers, economic advantages and social preferment. *Their* culture alone was given respect. However highly trained the African was — he was never permitted to be on top, the boss of a European.

For many of these talented Africans to get an education was a *superhuman effort,* as was the case of Kwame Nkrumah, right here in the U. S. "Struggling to get a higher education, he peddled fish in Harlem, carted entrails to a soap factory, waited on ship's table during the summer, slept on park benches in Philadelphia, rode hungry on the New York subways to pass homeless nights . . . " Then there is the Ethiopian boy who walked 600 miles to the capital city to get an education; sold his clothes so he could eat, arrived there so weak he had to go to the hospital. Any sacrifice will be made to gain an education.



touch of the West but, there is a great deal of Christian understanding needed for these new nations.

Naturally, these talented Africans, on returning home, were frustrated and angry when they couldn't use their talents, acquired at such efforts and a European would be preferred. The missionaries from the West taught the African: All men are created equal . . . Africans proceeded to call for this intangible equality which seemed conspicuous by its absence . . . Even now, the new nations of Africa are clamoring for this equality and liberation for all the colonial areas of their continent. . . . Who can blame them? Their suffering has made them all one. The yearning for human dignity and equality is greater even than for food.

Independence, however, requires more than national structures and symbols. . . . it depends on economic freedom and development that provides the health measures, the food, the bridges, the roads necessary to make a unified nation. Like all undeveloped countries, Africa's new nations must raise the average income of their people, build schools and hospitals, ports, etc., for this they still need outside help . . . and urgently. This is the reason why Africans seem so eager to take help from Russia, as well as the World Bank, and private investors. Africa's leaders need help *now* to fulfill their pledges to their people — to make their 'promised land' a reality. Whosoever gives it first will be received with open arms — whether Russian, American or British . . . They don't think they are accepting atheism with Russian wooing — they only want help.

How has the U. S. reacted to the new independent African nations? On the whole we have not seemed to understand them. In the past we have treated them more like a European colony having nothing to do with us. We have not tried to recognize the values Africans find in their African way of life. Too often, as one author points out "Where the interests of our European allies and of African Nationalists conflicted, there U. S. policy has vacillated and illustrated our ignorance of the facts at issue." Prime Minister Nkrumah, in his opening address at the All-African Peoples Conference in 1958 put the case unequivocally . . . "Some of us, I think, need reminding that Africa is a continent on its own. It is not an extension of Europe or of any other continent. We want, therefore, to develop our own community and an African personality. Others

may feel that they have evolved the very best way of life, but we are not bound, like slavish imitators to accept it as our mold. If we find the methods used by others, are suitable to our social environments, we shall adopt them or adapt them; if we find them unsuitable, we shall reject them."

As Americans, we too, have not taken the time to study these nations — their cultures — and languages as the Russians have in the last few years — reorientating the curriculum of the institute of the Soviet Academy to concentrate on Africa and South East Asia . . . for that purpose. How can we understand them when we know nothing about them — their traditions, their languages, their way of life. Russia does!

If, as Americans, we feel no obligation in this direction, as Christians, we must give due recognition to them as a people, to their dignity as children of God, and their human and Godgiven rights. This is only justice.

But as Christians we should do more — give them time to prove themselves — understand why they may make some mistakes — help them get their feet on firm economic ground — realize what they have suffered — and how they look to the good example of Christians in the U. S. and follow our treatment of their negro brothers over here. The African is deeply religious. He will never be an atheist. And while the Soviets work night and day, with their propaganda in an effort to prove all things Western, including the Christian religion, are bad for Africa — and that Russia alone holds the key to helping them gain the promised land — let us Christians seek first the Kingdom of God and His justice by helping Africa to overcome its burdens of poverty, illiteracy and disease against which it struggles today— not looking for any return, waiting for the day when God will show them the "new heaven and the new earth which Justice inhabits."

"The African looks to the Church for all the moral values, the justice, and the charity of her Christian civilization, for everything in the Church that is religious, and not specifically Western. It is a whole revelation which cannot but awaken the love for its Lord which is sleeping in the African soul."

KING MUTARA, III,
Catholic ruler of Ruanda

O GOD
THERE IS SOMETHING ABOVE
LET IT REACH ME —Akan Proverb

THE MEDICAL MISSIONARY
8400 PINE ROAD, FOX CHASE, PHILADELPHIA 11, PA.

Please enter my subscription to
THE MEDICAL MISSIONARY MAGAZINE for:

1 year $2.00
2 years $3.00
3 years $4.00
5 years $6.00

Name .....

Street .....

City ..... *Zone* ..... *State* .....

Sister Marianne joins in the Independence Day celebrations, Ghana, March 6, 1957.

GHANA

NEW NATION OF AFRICA

Peter du Sautoy

Peter du Sautoy is the former Director of Social Welfare and Community Development in Ghana and now Lecturer of Community Development at Manchester University, England.

GHANA

which was formerly the British West African Colony "The Gold Coast," became an independent nation on March 6th, 1957. Its new name was taken from that of the ancient West African empire of Ghana which was centered in Timbuktu.

Ghana is situated on the West Coast of Africa with a 350 mile coastline and an area of 91,863 square miles — about the size of the state of Oregon. It is a few degrees north of the Equator and the Greenwich meridian passes through the country. It is thus very near the center of the world.

It is a tropical country with a narrow coastal plain merging with tropical forest, which in turn opens out in the Northern region into open undulating orchard Savannah country. It is hot and dry in the North and hot and humid in the South.

The principal export of the country, on which its economy is at present largely based, is cocoa of which Ghana is the world's largest single producer. This is grown in the forest country and is entirely a peasant production. There are no large corporation plantations. The country also exports timber (hardwood), gold, diamonds and manganese. There are large supplies of bauxite and it is proposed to harness the energy of the River Volta, in the East of the country to provide hydro-electric power, which will enable aluminum to be produced in the country from its bauxite supplies. This large scale industrial project is about to start and will do much to assist in the diversification of the country's economy. At present there is little industry but it is the government's policy to press forward with industrialization, with the aid of foreign investment if possible.

The country has a population of about 6½ million people, who are of Negro stock, and there is no settled white population. The capital is Accra, on the Eastern coastline, with a population of about 250,000 and the principal port is Takoradi in the West. A new port is being developed at Tema near Accra. The mining industry is largely in the west of the country and there is a railway up from Takoradi to Kumasi, the large town (often known as the Garden City) which is the capital of Ashanti, in the heart of the forest country. The railway also goes from Kumasi to Accra and there is a direct link from Accra to Takoradi. There is no rail link with the North, which is reached by road. The independent Ghana government has devoted much effort to improving the road system and communications generally, which have had a great effect in cutting down the sense of isolation in the rural areas and in helping to convey a sense of nationhood.

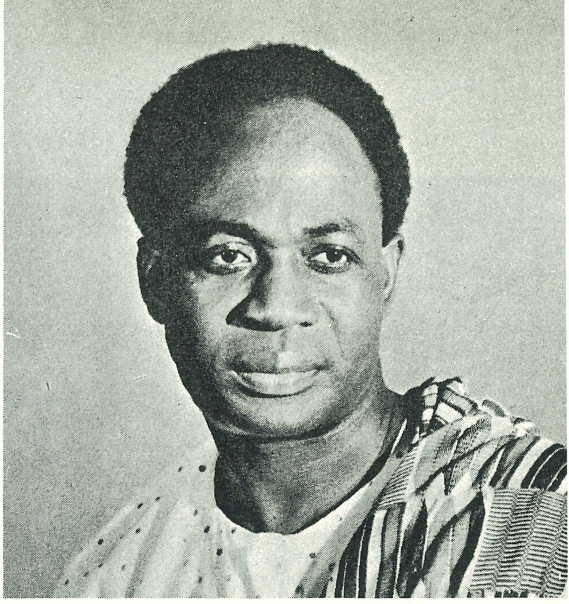
The principal means of transport for the ordinary person is a "mammy lorry," in which the passengers crowd on benches under a wooden roof with open half sides. These lorries usually have slogans or names painted on them, such as "Poor man, no friend," "Zorro II" or "Never Trust Woman." The Ghana government has its own airline and a merchant shipping company named "The Black Star Line," after the black star which appears in the center of the national flag of green, yellow and red horizontal stripes.

The former Gold Coast first had contact with Europe in the 15th century when the Portuguese came seeking gold, ivory and spices. The Portuguese built a castle at Elmina, which is still standing, in 1482 and other European nations (including the British in 1553 — the Dutch and the Danes, who established themselves in forts on the coastline). The former British governor's residence was in the old Danish fort of Christiansborg in Accra, although the British center of influence had previously, until the 19th century been at Cape Coast.

The British gradually extended their influence (although for a period the British government withdrew altogether from the Gold Coast in the early part of the 19th century, leaving control to a private company of British merchants) until by 1871 they were the sole rulers of the area.

A series of wars was fought with the Ashantis who raided the coastal tribes from the interior and in 1874 Ashanti was annexed and joined to the Coastal Gold Colony. The last Ashanti war took place in 1900 when the British government was besieged in their fort in Kumasi. It was known as the "Yaa Asantewa War" after the Queen Mother of Ejisu who spurred on the Ashantis.

During the latter part of the 19th century, British officers were penetrating northward from Ashanti and a series of treaties was signed with Northern Chiefs conveying British protection. Frontiers were marked out in collaboration with the French and German governments who held surrounding territory and the Gold Coast began to form a unity. The former German Territory of Togoland on the East was taken and divided by the British and French after the 1914-1918 war under mandate from the League of Nations. The British portion

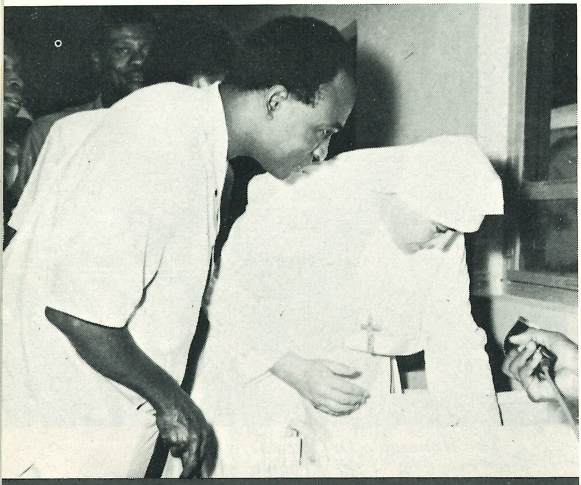


The Honorable Dr. Kwame Nkrumah, First President of the Republic of Ghana.

is now an integral part of Ghana and the French portion is now the small independent republic of Togo.

After the war of 1939-1945 there was rapid constitutional advance in the Gold Coast and the first African elected ministers, under Dr. Kwame Nkrumah, who had pioneered the movement for independence, took office under the British governor (Sir Charles Arden-Clarke) in 1951. There was thus an interim period of experience in administration for the Ghana ministers before complete independence in 1957. The law, civil service and parliamentary system was modelled on the British pattern and there was universal adult suffrage by secret ballot for the 104 seats in parliament.

In 1960 there was a referendum to decide on a republican form of government and Dr. Kwame Nkrumah, leader of the Convention Peoples Party, became the first president by the majority vote of 102 out of 104 constituencies. Ghana still remains, however, a member of the British Commonwealth. In 1960 also for the first time special seats in parliament were provided for women only in order



Sister M. Paula shows Dr. Nkrumah the nursery, Holy Family Hospital, Berekum, Ghana.

to give the women of Ghana a special voice in national affairs.

There is a system of local government by municipal and district elected councils and the country is divided into regions, under a Regional Commissioner, who is a member of the Ghana Cabinet. For each District there is now a politically appointed District Commissioner to represent the government. On the first of July, 1959, the Ghana government launched an ambitious second Five-Year Development Plan, with the slogan "Self Help develops the people," which will harness national energy to the further social and economic advancement of the country. There is a University College (linked with London University) in Accra and a College of Technology in Kumasi. There are more than 5,000 primary and secondary schools and 30 teacher training colleges. A great pioneer effort in education has been undertaken for many years by the Christian missions, which has borne fruit in the preparation for nationhood.

The language of education, government, trade and commerce is English, but there is no officially recognized national language. There are a number of tribes, with their own language, dialects and customs in Ghana, but the largest group is that of the Akans, comprising most of the country except for part of the Eastern coast, the majority of the Volta region (Togoland) and the North.

The culture of the Akan group of tribes is related and is based on a system of matrilineal succession and the extended family. Chiefs are elected by elders after the genealogy of the candidates has been pronounced upon by the Queen Mother, who presents a list to the electors and the elders have to be unanimous in their choice. The chief is then "enstooled," the stool being like the throne, the symbol of tribal authority. A chief may be "destooled" by his elders if they are dissatisfied with him.

The Ghana government is forming a national policy to mold their people into one unitary nation and is endeavoring to eliminate any pernicious effects of tribalism while preserving a pride and consciousness of the old customs and the African personality.

The majority of the population of Ghana still live in the rural areas and much of the traditional pattern of life is still pursued. There is an effective system of social security informally provided by the extended family system (which takes care of relations, however remote, and there is virtually no problem of destitution. People tend to live in family compound houses and polygamy still persists among the non-Christians. There are a number of Christian missions and a growing and substantial proportion of

the population are Christians. There is some Moslem influence particularly in the North but this is not indigeneous but imported. The original beliefs are animist and linked with ancestor worship and an attachment to the soil, which is owned tribally, individuals only having the usufruct of it.

The soil is fertile, except in the waterless areas of the north and malnutrition (except in a small area) is due to a lack of education of what to eat, rather than to lack of foodstuffs.

Health is still a problem: malaria and other tropical diseases are endemic and there is only one doctor to about 23,000 of the population. There is still a great need for both preventive and curative medicine.

Much is being done in social education by the Community Development Dept. of the Ghana government. Since 1952 over 140,000 adults have been made literate, 18,000 women were in rural home economics classes in 1959, 1200 projects were built by aided self-help in rural areas in three years, and a number of extension educational programs in health, agriculture and other fields have been carried out by Community Development methods.

Indeed the reputation of the Ghana government in this field is so high that persons have been sent to Ghana for training in community development by other African governments and four missionaries were trained in community development methods by the Ghana government in cooperation with the Catholic Church (see "Training of Missionaries in C. D." — National Conference of Catholic Charities, 1346 Connecticut Avenue, Washington, D. C.) This reputation is due largely to the energy of the population who have a strong sense of the need to work together for the good of the community.

BUILDING THE NEW AFRICA. Corporate efforts push forward village housing projects.

The Akan System gives a high status to women, even if their education may not have kept pace with that of men, and no system of social work can ignore their influence. They have most of the petty retail trade of the country in their hands, they are responsible for the family education of the young. They can own their own property, they have the right to vote and receive equal pay for equal work (which is not yet automatically the case in Great Britain!). There are various women's groups and a

National Council of Women. They are keenly interested in more health measures for the family and much work can be done with them. In the North (where succession is patrilineal) women have less of an obvious influence and are much more shy. There is throughout the country a great respect for age and social workers must try to secure the approval of older people for any new measures.

One of the big social problems of the country, which is shared by most developing countries, is that of finding useful occupation for educated young people, now being produced in such numbers that there are insufficient "white collar" jobs available. Such persons and their parents, tend to look down upon agricultural and manual employment and do not realize that times have changed from the days when an education of any sort was a passport to a desk job. The Ghana government is fully conscious of this problem. More work is needed to prove that agriculture can be both a modern and scientific and a profitable and respected occupation. Attention also needs to be paid to increasing social work and education in the new urbanized areas.

In such a short article it is impossible to deal with all the aspects of the nation of Ghana, but enough has been said to indicate that in the health, educational and social spheres there is still an immense task confronting this new nation. All persons of good will, who are willing to assist as partners and not in any paternalistic sense, are likely to be welcomed by the government of Ghana and in this work the Medical Missions have a high and satisfactory role to play. The Ghanaian has a lively sense of humour, a great politeness towards the stranger and gratitude for what is done to assist him. Any such work which is well and sincerely done is likely to be amply rewarded by the consciousness of Ghanaian gratitude and approval.

Unique signs on mammy lorries, Kumasi, Ghana. One says, "People will talk of you."

Native medicine (bibiduru) as well as the fetish priest complicates illness in Africa.

BIBIDURU
NATIVE MEDICINE

Sr. M. Raphael

WHEN Kwaku Ofori injured his leg while chopping fire-wood in a forest there was no question about it being a fracture: one large piece of bone protruded through the gaping bleeding wound. The whole family was in agreement as to the treatment; they would take him 20 miles distance to a medicine man most renowned for treating broken bones. After the "medical fee" of a sheep and a certain amount of money was agreed upon, the "doctor" began his treatment: the ragged wound and shattered ends of bone were packed with a paste of finely ground medicinal leaves and palm oil. Then twigs and a branch were used to splint the leg — without any effort made however to bring the bones into alignment.

Next a rooster was killed and with prayers and incantations its leg was broken and buried in the earth. In a week the medicine man would dig up the broken chicken leg. If the ends were joined together that would be an indication that Kwaku's bones were also healing and the splint could be removed! Kwaku, however, failed to cooperate with the treatment. Before the week was up, he became acutely ill from the infection which had set in, complicated by the fact that this wound would not drain, sealed as it was, with a four inch thick poultice of native medicine. On admission to Holy Family Hospital, five days after the accident, he was in a semi-coma — the septicemia, a more serious condition than that of his compound fracture.

So often patients admitted to Holy Family Hospital present a similar picture: that of a serious illness — worsened by village practices which consider illness to be caused by evil spirits — and complicated by the adverse effects of *Bibiduru* (Native Medicine).

The picture of medicine in Ghana is changing rapidly as the Ministry of Health and private medical institutions, such as our two Holy Family Hospitals in Berekum and Techiman, push forward improved health facilities, medical training progress and community sanitation projects. Progress is encouraging and impressive in the urban areas; in the rural sections, Africa's villages are changing more slowly. This, not be cause village people are less intelligent but because progress is slower in some of the inaccessible hamlets where the majority of adults are illiterate, and the fetish priest is still the custodian of the spiritual and physical life of the village. Not only extending health facilities but also increasing the general education will benefit Africa's health. It will take time, patience, and education to convince the people of the natural causes of illness.

Kofi was given a necklace of charms by the fetish priest to ward off sickness.

A traditional druggist displays his wares—roots and herbs—in the market place.

In this section of Africa, the pagan or animist belief is that sickness is caused by an evil spirit. Because of this superstition, besides trying all sorts of home herb remedies, in more severe illness, the fetish priest is also consulted. His *bibiduru* is considered potent, and healing is attributed more to preternatural intervention than to the actual medicine. More often the priests prescribe charms and fetishes to be worn by the patient either to drive out or to ward off the evil spirits.

One day Akua Manu brought her small son Kofi Anane with her to ante-natal clinic. As Mammy Akua listened to her diet instructions, small Kofi, age two, began with a minute inspection of Sister's sandals and worked up towards the rosary hanging from my waist. At the same time, my attention was drawn to something equally interesting: the small rope hung about the child's neck, knotted and strung with cowrie shells, slices of hola nut and pods of the bush seed, and dangling a tiny corked vial of black soot. No, Kofi was not sick. Akua had secured these from the fetish priests to ward off "the special sickness that African children get just before their mothers deliver."

Sister knew all about this "special sickness." She had cared for many of the dying children in this area of 50% infant mortality. She appreciated that those who survived the first three months of life were safest until the mothers were expecting the next babies. Then these two and three year-olds would be abruptly weaned with little or no provision made for their diet — managing on whatever they picked from the common pot, munching continuously on starchy lumps of yams. As they

began to lose weight and develop symptoms of protein deficiencies, then would the families anxiously try the different native medicines — purges and poultices of green leaves, charms from fetish priests, and amulets from Muslim medicine men.

Sister tried to explain that this "special sickness" was not due to an evil spirit; small Kofi should have an egg mixed with the Koko (corn gruel) and should get peanuts, meat and vegetables. Akua smiled patiently and listened respectfully, meanwhile hoisting Kofi to her hip and sliding him around to be tied securely to her back. Yes, she would give him the special food that Sister advised, because all the Berekum women knew that the children patients at Holy Family Hospital waxed healthy on the same diet. And like her town's folk, Akua was open to suggestion and instruction, but she was not convinced that there was no evil spirit involved. Had she not learned all this from her mother and grandmother? And the women folk of her family and village understood the ways of African sicknesses. Kofi would get the raw egg beaten in the gruel and the extra vegetables, but he would also continue to wear the fetish neck and ankle cords.

Kofi was more fortunate than his little cousin Amma Mensa of the same age, who was carried to the dispensary the next day by her frantic parents. As she lay limp and semi-conscious during the Sister-Doctor's examination, the poor parents explained she had become sick "just today." Further gentle probing brought the admission that Amma did have "small fever" a week before but they had cured that with many treatments of infusion of red pepper given by enema and, now, this "new sickness!" At the hospital now she would be given fluids by injection and careful nursing to try to save her from the collapse she was suffering from the native medicine treatment. But so many

In the village, all meals are taken outside. Children help themselves from the common pot.

of these children and adults cannot be saved, as the effects are not that of mere dehydration, but also poisoning, from the potent medicines used; poisons for which we know no anti-dote, as the drugs are strange to us. One root preparation when given in large quantities to children produces paralysis of the muscles controlling breathing — similar to the action of the South American poison *curare*.

Aside from our concern for the patients, the Sister pharmacist is always most interested in the pharmacological actions of these drugs, some of which we have no counterpart in western medicine. For example, a vegetable drug given to African women when they are in labor, apparently more powerful than our uterine stimulants of ergot or pituitrin, and, unlike them, a heat stable drug. This drug is an infusion of leaves, boiled in a calabash and taken in copious draughts. If the woman would ordinarily have had a normal labor, this drug speeds up the labor and all the women of the village recognizes this as an *aduru paa* (good medicine). If the patient has any anatomical disproportion, or if the infant is in an abnormal position the powerful stimulant will cause severe complications. If no progress is made during the labor and the woman's condition worsens, it is never considered that the native medicine affected the picture. No, to these villagers, the reason a woman experiences difficulties during a delivery is always because the woman has committed a wrong. Let her confess and she will deliver normally. As soon as these cases of obstructed labor are admitted to the hospital, the Sister and student nurses must exercise constant vigilance that the expectant mother is not harassed by relatives, urging her to "confess."

Native medicine embraces a wide range

Sr. M. Edmund attends baby brought into Holy Family Hospital, accidentally poisoned by native medicine.

of roots, bark, leaves and seeds. Besides those "dispensed" by fetish priests, many drugs are used as home remedies — the secrets of indentification and preparation handed down by the old grannys of the families. They are used for all the aches and pains inherent in mankind — they are rubbed on, used as poultices or taken internally in various ways. Although red pepper is a great favorite, yet not all the drugs are drastic, some are beneficial: a bath with infusion of neem leaves helps reduce fever; perhaps the efficacy is due to the cool water, but at least the treatment gives temporary relief. An infusion of guava leaves is used to relieve gastric irritation, and probably has a demulcent effect. Wet clay is an effective poultice to relieve the pain of insect stings.

For longer than they can remember, the African villages have experienced these benefits of the herbs and roots of the forest. However, they lack an under-

standing of them, many of which are very potent. They do not appreciate that at different seasons of the year the alkaloidal strength of plants varies. What may have been just the right amount to "cure" grandpa's fever last spring may be a drastic overdose for the grandchild, if the leaves are collected during harvest time. Also, the child may receive the same quantity of drug and being much smaller, become unintentionally poisoned.

When sickness first occurs, treatment with these home remedies is tried. If these fail, then a fetish priest or village medicine man may be consulted. The treatment is a mixture of incantations, attaching fetish charms to the patient and possibly use of more native medicine, often of the most potent variety.

One deeply ingrained custom of the Brong people is that of cutting a small incision in the cheek of the new baby, packing it with soot and leaving the wound heal as a small open wedge. The practice is observed "to prevent the baby from getting a convulsion" and it is without a doubt the major cause of much fatal tetanus infection in the district.

If neither the native medicine nor fetish priest treatment avail and the patient worsens, a family council is held and a decision is made, as a last resort, to take the patient to the Hospital. The first several years at Holy Family Hospital were very discouraging. So many admissions were critically ill or dying patients, whom we were sure could have been saved had they been brought to us at the onset of illness. Malaria and meningitis were diagnosable ills for which we had specific drugs — but often we are unable to cope with the accidental drug poisoning from which the patient also suffered. However, now that the work at Holy Family Hospital has become known in the area, the people come more readily to the hospital. Many have taken a "nip" of native medicine first but come to the hospital when they see they are not getting better.

The appreciation and enthusiasm for professional medical care is especially directed towards injections due chiefly to the dramatic response of yaws infections to injections of penicillin.

This confidence embraces not only professional medicial care but also anything offered for sale as a remedy. Many patent medicines are available in the public market. We can count on our

Modern injections bring forth a dramatic response. Sister M. John giving the injection, Kokofu Leprosarium, Ghana.

infant patients before admission having been dosed with purging tonics, mentholatum and/or sulfa tablets, in addition to the usual native medicines.

Sometimes the results of this indiscriminate use of modern medicine can result in tragedy. Such as the 15 year old girl who died at our hospital 24 hours after having taken 20 one-grain phenobarbital tablets. Because these tablets which she purchased in market were so small she had taken them all at once. As African medicine is taken in large quantities it is difficult for the people to understand that western medicines are often prescribed in minute doses.

One near-tragedy which had a happy ending was the story of little "Oleo and Eucalypto" premature twins born to Afia Fofie. She was brought to the hospital in labor, and a comatose condition. She had purchased from a drug seller in the market an ounce of what was thought to be castor oil, neither the buyer or the seller could read the label, but both knew it was oil so it must be castor oil. Afia became unconscious soon after drinking the ounce of oil of eucalyptus. Our reference books on toxicology were sketchy as to cases of poisoning with oil of eucalyptus

"Oleo" one of the twins born in Holy Family Hospital. Her mother Afia drank an ounce of oil of eucalyptus!

— probably because most people are satisfied to treat a head cold with a few drops of the pungent oil in a steam inhalation and don't usually drink it! One text did mention that in one instance death had occurred after the consumption of 15 cc. of the oil — just half the amount which Afia had drunk. Little encouraged, we went back to treating our patient with supportive therapy. Still unconscious, Afia safely delivered tiny twins. The babies were well but Afia slept on for another 24 hours and reeked of oil of eucalyptus for another week.

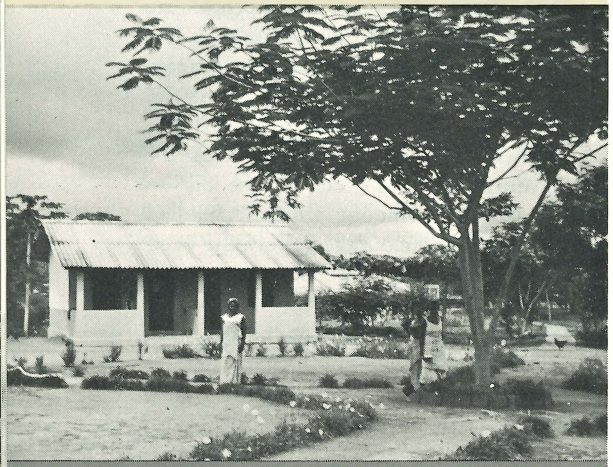
R. I. P.

Please pray for our benefactors recently deceased:

Most Rev. Thomas McDonnell
Aux. Bishop, Wheeling, W. Va.
Msgr. F. Griffin, Cleveland, Ohio
Rev. J. R. Gibbons, S.J., Patna, India
Rev. Bruno Hagspiel, S.V.D., Girard, Pa.
Rev. George Krupa, O.S.A., Villanova, Pa.
Mother M. Veronique, C.S.C., Notre Dame, Ind.
Mr. Raymond Amsteen, Chicago, Illinois
(Father of Sr. M. Rose, S.C.M.M.)
Mr. Henry Bourgeois, Norwood, Mass.
Mrs. Helen Carroll, Beltsville, Md.
(Mother of Sr. M. Clare, S.C.M.M.)
Mrs. John Crowley, Stoughton, Mass.
Mrs. Harriet Dehner, Massapequa, N. Y.
Mrs. George Evans, Phila., Pa. (M.M.Aux.)
Mr. C. N. Gearhard, Milwaukee, Wisconsin
(Father of Sister M. David, S.C.M.M.)
Mr. Franklin Gilland, San Antonio, Texas
(Father of Sister M. Benet, S.C.M.M.)
Mr. Joseph Lorch, Wash., D. C. (M.M.M.)
Mr. John McDermott, Phila., Pa.
Mr. William McGarvey, Phila., Pa.
Miss Josephine Nagle, North Easton, Mass.
Mr. Joseph Pascullis, Macon, Georgia
(Father of Sister M. Cabrini, S.C.M.M.)
Mrs. Mae Rusher, Floral Park, N. Y.
Mrs. Mary Toomey, Hyatsville, Md.
Mrs. Ida Tunnicliff, St. Louis, Mo.
(Mother of Sister M. Bernard, S.C.M.M.)
Mr. August Wieber, Hollis, N. Y.

KOKOFU LEPROSARIUM

SR. M. FRANCIS, S.C.M.M., M.D.



Women's Town, Kokofu Leprosarium, Ghana. Houses are cheerful. Yellow daisies grow along path.

Path from the central building to Men's Town. Sister M. Annette.

PROBABLY the best way to tell you about Kokofu Leprosarium is to take you on a little tour.

One of the first things that will strike you is, as one visitor put it, "almost everyone looks *so* normal. You haven't but five or six patients who fit the traditional horror picture of leprosy."

That is true. Ten years of anti-leprosy therapy throughout the country has decreased markedly the number of patients with advanced disease. Nowadays relatively few patients present themselves with leonine facies, and ears, nose, face one mass of nodules. In addition, the new anti-leprosy medicines cause these lesions to regress rather quickly. So. unless it happens that the visitor sees the unusual case, recently admitted, the classical picture of leprosy is absent.

The patients of former days with loss of digits and deformities of hands and feet, facial paralysis, blindness, are mostly absent as well. The new concept of the leprosarium as a treatment center and not a place of custodial care reduces their number to a minimum. A few are always being admitted for treatment of an acute infection but once that has subsided, the patient returns to his family. Rehabilitation of patients with deformities is planned.

Kokofu Leprosarium usually has a census of 115-120 patients of whom around 15 are women, 15-20 are boys of grammar school age and the rest are men ranging from teen-agers to old grandpa Badu who has a permanent bed in the ward. The old man was admitted with moderately advanced lepromatous leprosy and severe cardiac failure. Both conditions are under control now.

There are two "towns" where the majority of the patients live. Women's

Town has six double houses arranged in a circle, two of which function as "hospital" or "infirmary" quarters for the women. One side of one house is the "nurses station" and the other three sections each have three beds. Each half house was designed to accommodate three people. The two infirmary houses are painted yellow and white. One house is turquoise, another is maroon, another, yellow, the last slate grey. Behind each house are two outdoor kitchens and woman-fashion, there is much preparation of meals enlivened by all the gossip of the place.

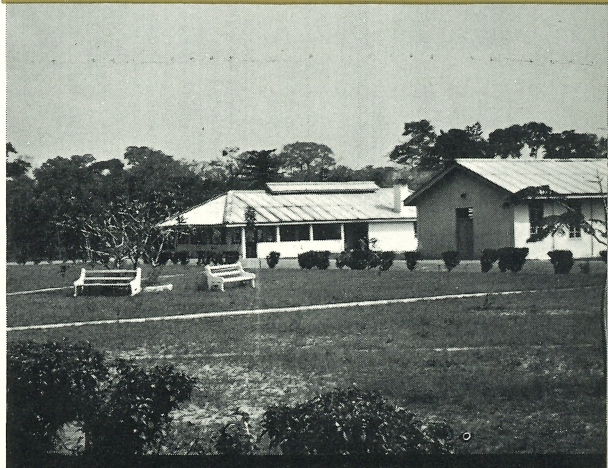
Men's town at the foot of the hill has twenty-one double houses, each half accommodating three men. Around the houses in both towns, the ground is bare and packed hard, as is the custom in the villages. When I first came I thought the villages would look so much better if they had some greenery—grass and trees—in them. Now after several years, I agree with the people: too many poisonous snakes lurk in grass, bushes and trees. If I slept on the ground would I like a clear area around me.

As we start out in a circle from Women's Town we come successively to the large kitchen and dining hall, and then the building housing the laundry, the tailor and the basketry department. Next door is a small office and a large open room used for school, church or theatre as the occasion demands. The next building is one we hope the coming years will render obsolete. It is the place where the patients come three times a week to have their ulcers dressed. We hope some day not to need it.

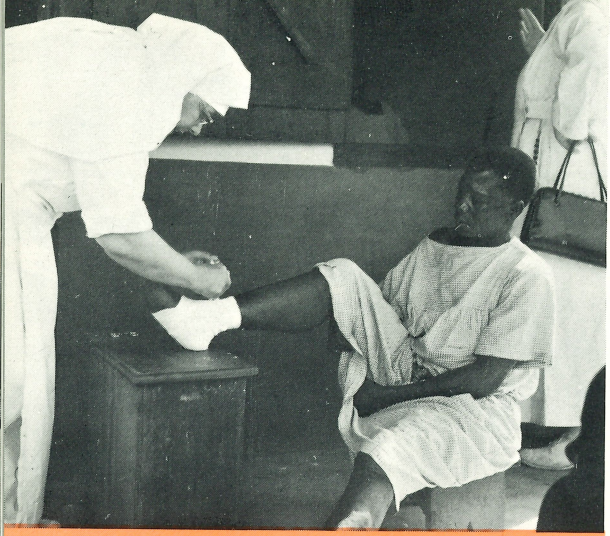
As we continue on, we reach the administration block which contains the pharmacy, laboratory, main office, accountants' office and the doctor's office.

Entering Men's Town. All houses are painted bright colors, yellow, pink, apple green, etc.

Between Men's Town and Women's Town are the general buildings: in center, Dining Hall and kitchen. Far right: laundry and basketry building.



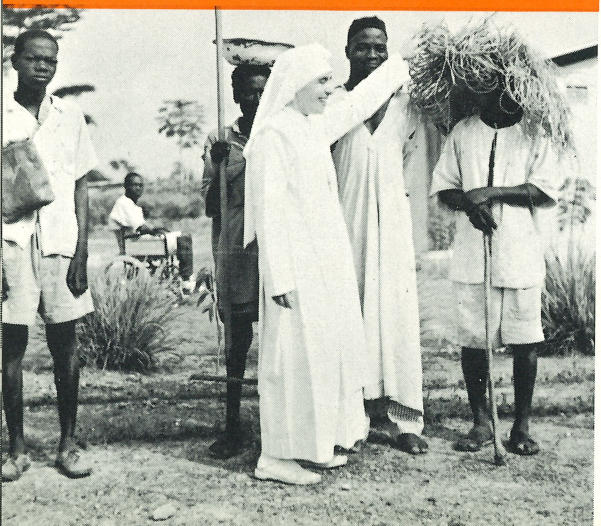
Sister M. Francis and Sister M. Camillus in circle in front of administration bldg. Flagpole in back.



Sr. M. Francis, M.D. (author) and medical superintendent of Kokofu Leprosarium, Ghana, W. Africa.

Basketry weaving is taught patients to prepare them for future jobs when they return home.

On the way to the farm. Notice farming implements patients are holding. Sr. Daniel admires patient's hat.



Then comes the Men's Ward with two big rooms each with ten beds and the smaller rooms needed for medicine cupboards, charts, linens, etc.

What brings them to the "hospital?" During the course of their disease, some have bouts of severe nerve pains, and/or high fever; others have minor surgery. The remainder have the ills of the general population, kidney disease, heart disease, diabetes, etc.

Leaving the hospital we come to the new building which contains the operating room, a central supply and sterilizing room, and a physiotherapy room.

The patient's days begin at 5:45 a.m. which most of the year corresponds to daybreak. Even in the hot season it is delightfully cool then. At about 6:15 a.m. they line up in two groups for their leprosy medicine. Most of them receive D.D.S. (diamino dipheny sulphone). A limited number receive D.P.T. also known as Ciba 1906 (4 - butoxy - 4 - dimethylaminodiphenyl thiourea). A few patients are getting Etisul Ointment (Diethyl dithiolisophthalat, a new anti-leprosy drug administered by inunction.) These patients report in the early afternoon three times a week. At 6:30 a.m. they have KOKO which is a gruel of ground corn with sugar. The gong rings at 7:00 a.m. for roll call for the workers and one group goes to farm, another to basketry, a few to operate the power lawn-mowers, a few to paint the houses, etc. Some of the women do light work on the farm, others work in the main kitchen to prepare the meals. About half of the patients e.g. newcomers, children, the hospital patients and those who are incapacitated through age or crippling are served meals from the big kitchen. The others prefer to prepare their own meals. A work allowance is paid to those who work for the settlement.

At 10:00 a.m. work ceases while everyone has his main meal. Then at 11:00 a.m. there is a second roll call and work goes on more or less until 3:00 p.m. Around 4:30 p.m. there is a second meal. On the whole most of the patients are happy. Now and then on admission someone is severely depressed. Such a one is usually very intelligent and the diagnosis has stunned him. But after being here a while he realizes that today there is treatment for the disease and that his stay is temporary, then a tremendous change takes place and he becomes our most cooperative patient.

Before I stop let me mention what I consider one of the most important, if not *the* most important part of my work in Kokofu. That is the supervision of the network of out-patient clinics where patients receive treatment in their own villages. These clinics function not alone as treatment centers but as centers for diagnosing. In the early stages of the disease, the patient feels well, and often has only a small slightly depigmented spot on his skin. Home ties, economic considerations weigh much more heavily than the need for treatment. The mobile clinics solve the problem for these people. As one road laborer said when we stopped beside him at his work to give him his weekly dose of D.D.S., "I am so grateful to you for bringing me my medicine. Now I will not lose my hands and feet." And he quickly swallowed his tablets and went back to work. Living miles out in the bush he had neither the time nor money to take a long trip to a hospital or doctor.

There is no doubt that modern therapy is robbing an ancient disease of much of its terror. That much remains to be done is not denied but what we already have is so much that it has changed a way of thinking.

Even at Kokofu Leprosarium children patients must attend school. Sr. Camillus with school boys.

Sport races. The cured patient must be whole and sound and ready to take up his life where he left off.

On trek in northern Ghana, Sr. M. Francis talks to a patient in front of one of the many cathedrals built by ants.

A WOOLWORTH ON

Mammy traders, West African market.

TO walk past a Woolworth store is a common experience in city life. But it is a different matter to have a Woolworth store walk past you, or rather, go by at a brisk trot. Such a one passed me recently, complete but for the soda fountain.

It was market day, Friday, the day which the non-Christian Ashantis observe as the day of rest for mother earth. As the farms are usually not worked on this day, it is the biggest day of the week in Techiman for the open air market.

The villagers come to the towns from miles around, bringing for sale lumpy brown yams, peanuts, pawpaws and peppers. Also every variety of plantains, green and yellow. These plantains are dietary staples; they can be roasted, fried, boiled, and not least of all, pounded into the delectable fufu balls to go with palm nut or peanut soup.

After the village mammy has sold her produce wares she will become a buyer and shop for one or more necessaries to take home . . . a piece of colored cloth, or a cooking pot, or perhaps a set of dried gourds which have been punched through with holes to make a sieve. Except for the absence of the Wear-ever label, they look like our kitchen veg-

HER HEAD

Sister M. Raphael

etable strainers. Next time the family palm nut soup is prepared, mammy will strain the cooked nuts through these sieves, removing the big inedible kernels and leaving the rich oily pulp: stock for the soup, and acid test of a good digestion.

Or if mammy's kitchen is well-stocked she may buy that string of waist beads she has been needing. A belt of several narrow strands of colored glass beads are a must for *every* Ashanti woman. A baby girl gets a tiny waist band soon after birth. As she grows older the string increases from two or three tiny strands to a dozen or more. Worked into lovely patterns, they are smooth as a Jantzen.

Most likely Mammy will buy her goods from the Lagosians. These women sit in a prominent place in the colorful market place, their characteristic blue garb, hair-do, and facial tribal scars marking them as the Yoruba people from Nigeria. Although not all are from the city of Lagos, yet they are all called lagosians by the Ashantis. They are traveling traders who settle and make their homes in Ashante, and although they seldom inter-marry, they get along well with their neighbors. They retain their tribal customs, language, and dress which is even more voluminous than that of the Ashantis.

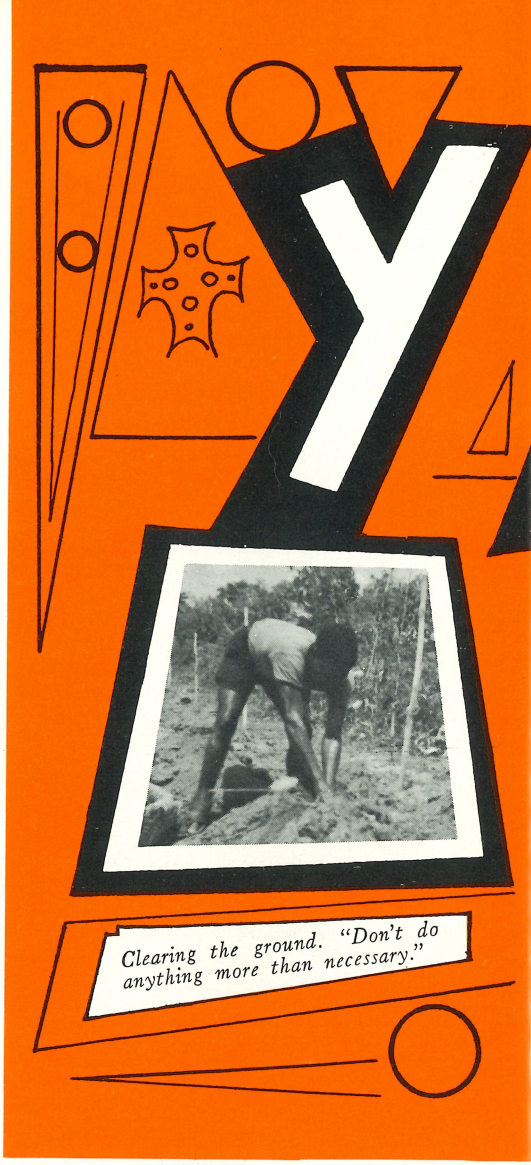
Because at home much of their thread and cloth is home dyed with indigo, blue remains the characteristic color of their dress. Unlike the Ashanti women with their simple kerchief head-dress, the Lagos Mammy twists a four-foot strip of material into a millinery triumph which defies gravity, and is a great distraction if one is ahead of us during the Sunday Mass.

The Lagosians sell everything from enamel buckets to the black thread the women use for twisting their hair into long strings. They spread their wares on the ground, or on small tables or boxes: kola nuts (the African "Coke") blue stones for mascaring the eyebrows and lashes, colored buttons, hand mirrors, combs, kerosene lamps made from six ounce milk tins, etc. all are lined up in neat rows for display. Everything a well-stocked Woolworth store would carry—plus an assortment of roots, and nuts and seeds as a line of native medicine. One passed us enroute to market last Friday.

She who gets to market first gets the best place. For that reason this Woolworth Mammy arranged her stock the night before: several dozen items painstakingly arranged in neat little piles on a table three or four feet large. She passed us going at a fast trot, down hill, the laden table atop her head, her head hidden under the tabletop, and the table legs dripping around her like an octopus stranded on a rock at low tide. The wares were in perfect balance, not a button out of place. There was no question who would have the best place in market that day!!

WE only have two seasons here — the dry and the wet. The wet season is the time when you get a thunderstorm every evening or every two or three evenings. Then it literally pours and the next day the sun shines as bright as ever, but how things grow during that time!

A few weeks ago the rains started and all the patients in the colony planted their farms. Farming here is quite different from what we are used to. If you can clear a piece of jungle you get the best soil, so the man you see in the picture is the proud owner of that newly cleared land in the background. It was jungle all right — as you can see behind his farm. He armed himself with a long knife, the most commonly used farm instrument here, and set about chopping down the trees and vines, but no more than was necessary! A few days later it was dry enough to burn so he burned all the smaller branches and stacked the larger ones for fire wood. Next, you might expect him to use a spade or some instrument to loosen the soil, but here the rule is: never do anything more than is absolutely necessary.



Clearing the ground. "Don't do anything more than necessary."

So his farm is ready for planting. He takes some corn kernels and digs a hole with his long knife, drops the corn in — three or four at least, since there are many animals who like corn too — and covers it over. A hole here and a hole there between stumps. No rows, no certain distance, just a bit here, and a bit there, avoiding obstacles such as ant hills, tree stumps or other holes in the ground. So that no space is wasted, he will plant the second crops in between the first. This will be cassava or cocoa yam. Both are planted for the roots, which they use as we do potatoes. The leaves of the cocoa are also cooked and are similar to spinach. Both of these grow slower than the corn so the plants will not interfere with each other. There is no plowing or spading between crops. No plowing because they don't know the plow and would have no animal to pull it. There are no cows here either because of the tsetse fly and I have only seen one horse so far. They do use a little hoe every now and then but most of the time they just use the

AMA YAM

Kofi shows Sr. Daniel the special type of yam he planted.

Planting seed yams. Kokofu is the place where everything grows!

Sister M. John

famous long knife and cut the weeds as we cut grass.

In the foreground of the picture you see a few mounds. They are planted with yams — another root plant like the potato except much larger. All these root plants are used to make the famous "fufu" but that is another chapter in itself.

This type of farming is unique in itself and seems to work quite well because the soil is so rich that things grow without much care. The rain and heat create a high humidity so that things literally shoot up. No wonder the farmer with the broad smile is already dreaming of his clear profit though he is standing in the midst of what seems to be nothing.

His next problem will be to harvest his crop before his neighbor helps himself to it, but until then his worries will be nil. The Lord will take care of the rest.

NEWS

VIETNAM: Diary

August was a month of nursing care. Nursing care to our new kerosene Frigidaire. Only after many days of delicate attention on the part of Sister M. Karen and Sister M. Raymond and the MAAG engineers did it finally condescend to give us a little ice water. Then Sr. M. Karen had to give nursing care to Sr. M. Raymond and myself, who had Dengue Fever.

Our hospital consists, just now, of two attractive buildings parallel to each other with the main building still just a dream for the future. At the present only the foundation and the pillars for the center wing are standing. Our quarters are on the second floor of the West building and the chapel is on the ground floor of the other building. In the lower floor of the West building we have a small parlor where we have our daily classes in Vietnamese.

September was a month of acquisition. First we bought a bicycle, but, like our car, it is always suffering from flat tires, because of the many unseen thorns all over our compound. Then we acquired a little pressure stove to make some hot water. Later on in the month, we received our tape recorder. We read the instructions in the day and tried them out at night, since the electricity comes on only between 7 P.M. and 12 midnight. (Now we have it from 7 P.M. to 7 A.M.)

October was a month of rain and construction. The rainy season started with rain, of course, and a terrific wind, like a typhoon. It blew so hard, so hard, so hard that the many big tokes (or metal sheets) covering our roofs detached themselves one by one, flew a bit in circles to the great stupefaction of the passers-by and landed all over the compound like linen in a Dhobie yard. Later on in the month, we received another load of 80 crates and the famous tokes were used to shelter all the crates, stored in the open air. October also brought many changes in the hospital and future convent: some walls went up, others went down. Doors were made here, windows shut there. Stairways were widened, floors were straightened, etc., etc. In all this, tamasha, our little maid, was trying to keep track of our dining which had to rotate from one side to the other, according to the needs.

SISTER M. MARGUERITE, R.N.,
Holy Family Hospital,
Quinhon, So. Vietnam

INDONESIA: Two Jubilees

This year brought two jubilees: the 40,000th mother was delivered since we started maternity-care here, and the total of graduated midwives reached the number of 100. We intended to celebrate the birth of the 40,000th baby, but of course, when someone remembered it and started to count, the baby was already a few weeks old! A brainwave brought the idea to count the twins, to see if possibly the mothers had not yet reached the jubilee-number. Indeed, we could still celebrate! Some weeks later

FROM OUR HOUSES

Special guests at the opening of Holy Family Hospital, Quinhon, S. Vietnam: Center: His Excellency, Bishop Chi of Quinhon; to his left: Mother M. Benedict, M.D.; Monsignor Joseph Harnett, South East Director for NCWC Catholic Relief Services. To his right: Sister M. Karen, R.N., superior of Hospital; Honorable Mr. Duyen, Chief of the Province of Binh Dinh; Rev. Paul Duschesne, M.M. in rear.

a very proud Buginese mother with her husband and children was the center of a photo made in *Siti Fatima*, with all the (medical, laundry, kitchen, sewing and garden) personnel gathered around them.

MEDICAL MISSION SISTERS,
MATERNITY CENTER,
Makassar, Celebes, Indonesia

NYASALAND: Pioneering

Things are proceeding here, though slowly. The dispensary is in full swing, and since we have a solid roof over a happy home of our own, there is room for about 20 in-patients, with priority to children.

At present everybody concerned is slaving to get the bricks ready (half a million) for the main hospital buildings, before the first heavy rains set in. The working staff are mostly children, since going to school is not a 'must' in this country.

"If beauty were for sale, Nyasaland would be rich," is the way the saying goes. But beauty isn't and so Nyasaland remains poor. In spite of the three 't's': tea, tobacco and tung, a kind of nut, producing oil for the paint industry, there is not enough work and so thousands of men and boys leave their homes for the mines in Rhodesia and South Africa.

SISTER M. MARGARETHA,
Holy Family Dispensary,
Palombe, Nyasaland, Africa.

PHILIPPINES: Beginnings

We moved to our new address on November 1, the Feast of All Saints which is indeed very striking, since we had been saying the Litany of All the Saints daily, for the special intention of finding a house. This house in Makati, a suburb of Manila, is owned by Mr. Leopoldo Cu Unjieng, a wealthy Chinese businessman. He is allowing us to use this old house of his parents — now both dead—(hence its sentimental value to him) — free of rent. The house though antique is decent, and quite big. There are six rooms and two porches. Father Hogan, S.J. blessed the house and said the First Mass on December 8, 1960.

SR. M. FELICITAS *and* SR. M. ANGELINA,
Makati, Rizal, Philippine Islands.

INDIA: The Perils of Sister Pascal

If you ever come to Mandar take a gentle hint from the following story, and never say those fatal four words: "I'm going to Ranchi." Or at least until you are driving out the gate, and then make sure that you are half way through it!

Trying to be a good administrator requires that you should make yourself available to the workers during the day hours. That, in itself is a major task, since the very availability is the cause of being dragged to the septic tank to see the crack in the wall, or the new water buffalo that refuses to drink milk out of the bucket, or to the roof to see the dhotie that someone has stuffed down the drain pipe.

But none the less, in the first fervor of trying to live up to the demands of the job, I made the terrible mistake of announcing to the Sisters that I was going to Ranchi the next day and would not be available. Little did I realize that that simple statement would so involve my next 24 hours.

That afternoon papers began to appear on my desk . . . pick up shoes from Sadar and give him galee for keeping them so long . . . ask the Vet to be sure and come for the chickens' injection. . . . see if the record player is fixed . . get paint for furniture in the private waiting room . . . take four logs for sawing . . . try to get fifty bags of cement . . . take a nurse to relieve Mary at the city hospital, and see when Halkani will be discharged.

These are just a few samples of the ever growing requests that made their way to my office.

Next morning was nice and sunny, a perfect day for an outing. Sister F. X. Imelda packed a nice big lunch complete with a quart thermos of *nimbu pani,* (lime water) — and at the same time gave me a little list of odds and ends *she* needed for the kitchen.

Sr. Scholastica gave me the required *rupees* (money) for this expedition along with a note to be delivered to the Catholic press director, "If you should pass by that way."

As the truck came up to the convent I thought, "Ha, ready to go at last." Poor deluded soul that I was, I had not counted on the long drive from the convent to the hospital gate. Just as we had gone abou ten feet, one of the Sisters came running up to say that Doctor had ordered one of the boys in a Spider cast to be taken to the city for special x-ray. What is a bed and a patient anyway when we were already loaded with four trees, one carpenter, four coolies, three dozen empty kerosene

cans, one nurse, the driver and myself? At least they kindly left the bed and brought him on the mattress and stretcher. Once more we tried to get out of the gate and this time we succeeded: There was a moment of doubt when the darwan asked us if we had asked Father if *he* wanted to go.

Now far be it for me to complain about our transportation in India. I simply say an act of Contrition and hope the old thing will reach the end of the journey without breaking down. To have a truck that can be called the hospital's very own is still a source of joy to me after begging for the loan of one for a few hours while I was in Kodarma.

Let me describe our source of joy (and I shall try to be respectful since it has been in the Community almost as long as I have.) She is a faded green beauty who first came into this world in 1942. Her formative days were spent at Ford Company's compound. She came to India for mercenary purposes, but in 1955 she saw the folly of working for money and came out to Mandar and had to undergo major surgery. It was then that she had her poor engine removed and replaced with a Mercedes Bentz Diesel engine. She may still look like an old opera star, but then, beauty is only chassis deep.

Off to Ranchi! Seventeen miles of rice fields and a few scattered villages make up the scenery for this drive. Complete peace for seventeen miles since the rear of the engine cuts off any possibility of conversation with the driver. As we bounce along the road in silence, our faces are bathed with a beautiful breeze that pours in from the hole beneath the driver's feet. Since the wooden cab permits little ventilation, the problem has been solved by removing the floor board from the driver's side!

After depositing the boy for x-ray, I had to sorrowfully part ways with the truck as it would be too time-consuming to creep through the small side streets in it. The driver received half of the long shopping list and I took the other half and departed.

And here, dear Sisters, I shall end my story. Those of you who will be assigned in future years to Mandar. . . remember my words of advice.

SISTER M. PASCAL, B.S.N.,
Holy Family Hospital, Mandar

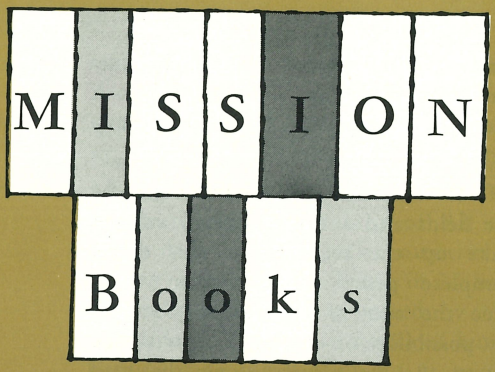
FINAL PROFESSIONS: FEB. 11, 1961

In Africa
Sister M. Cephas Hanks, Swoyerville, Pa.
Sister Marie Therese Monahan, Bronx, N.Y.

In India
Sister M. F. Antoinette de Sa, Goa, India
Sister M. Carmela Canlas, Dumaquete City, P.I.

In Pakistan
Sister M. Lea Collings, San Francisco, California
Sister M. Rachel Poirot, Amarillo, Texas

In United States
Sister M. Augustina Dolan, Bronx, N.Y.
Sister M. Esther Thaden, Tacoma, Washington
Sister M. Geraldine Pellowski, Winona, Wisconsin
Sister M. Irene Schulties, Elizabeth, N.J.
Sister M. Justine Church, St. Louis, Missouri
Sister M. Luke Gray, W. Hartford, Connecticut
Sister M. Malachy Coughlin, Union City, N.J.
Sister M. Sheila Parker, Chicago, Illinois



Sister M. Fabian, B.A.

BENEDICTINE AND MOOR: A CHRISTIAN ADVENTURE IN MOSLEM MOROCCO. By Peter Beach & William Dunphy. New York, Holt, Rinehart & Winston. 214 pp. $4.00.

This is the amazing story of a monastery of Benedictine monks in Moslem Morocco, the only Christian monastery in North Africa.

The French Benedictines arrived at Toumliline in 1952, as Morocco began its fight for independence. Asked why they had come, the Prior, Dom Denis Martin, answered, "We have come to lead the monastic life." By doing just that, the monks gradually won their way into the hearts of the people, French and Moroccan, Berber tribesmen and urban dwellers. At a time of intense nationalism on both French and Moroccan sides, the monastery acted as a meeting ground, a center of dialogue.

After independence, Toumliline began to perform a new vital function in the realm of Christian-Moslem interchange. Through a series of international summer institutes, the monastery brought together Christian and Moslem students and scholars, to discuss topics of interest to all.

The contribution these monks have made to Christian-Moslem understanding cannot be underestimated.

SOMETHING FOR GOD: THE LIFE OF MARYKNOLL'S BROTHER GONZAGA. By Francis X. Lyons, M.M. New York, Kenedy. 206 pp.

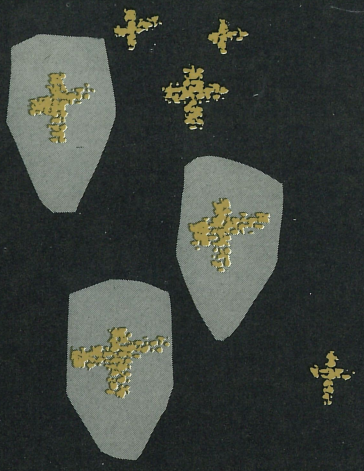
Young Charlie Chilutti came out of school just as the Great Depression strangled American economy. His search for employment took him on a long cross-country trek. Yet when he found work, he discovered that he was still restless, still seeking. He wanted to do "something grand for God." He found the opportunity in the Maryknoll Brothers.

As Brother Gonzaga he travelled deeply into the Bolivian jungles, becoming chief mechanic, general maintenance man, trouble-shooter of the mission, friend and adviser of a host of small boys who crowded his shop.

In Brother Gonzaga's struggle to see his own place in the mission community, the singular vocation of the Brother is explored. This is perhaps the most important aspect in the whole book. The special call of the Brother is too little understood, but must be emphasized more if the work of the Church, especially in the missions, is to go forward.

A PUNJABI VILLAGE IN PAKISTAN. By Zehiye Eglar. New York, Columbia University Press. 240 pp.

This is an unusual anthropological study of a Moslem village in the Punjab of Pakistan, made by a woman anthropologist who is a Moslem. Dr. Eglar's Turkish background specially equipped her to understand the culture she studied.



To Holy Family Hospital, Techiman, Ghana, deep in the African bush come people from 75 miles around. Hundreds come each day with malaria, sleeping sickness, or leprosy, anemias, T.B.

memento homo

To diagnose these diseases quickly and accurately it is essential to have good laboratory equipment.

Please help us get some minimum equipment:

- 1 Binocular microscope $500.
- 1 Spectrophotometer (for blood chemistries) $400.

Also needed by the Sister doctor in the Operating Room:

- 1 Suction machine $120.

And on that last day He will say to them. . . "As long as you did it for one of these the least of My brethren, you did it for me."

(*Matt.* 25: 40)

MEDICAL MISSION SISTERS 8400 Pine Rd. Philadelphia 11, Pa.

Dear Sisters:

Here is my Lenten sacrifice to help the people in your Holy Family Hospital in Techiman

Name .....

Address .....

City ..... Zone ..... State .....

Please enroll me in your "League of Gratitude." As long as I can I will send $..... a month to share in your Apostolate to Christ's sick.

Congratulations
to our
new Archbishop

MOST REV. JOHN J. KROL
Archbishop of Philadelphia

GOD IS MY KING

the medicine man in AFRICA

Although there is no typical African medicine man, since his function and training may vary according to local custom, three general kinds may be described: (1) the real doctor, who is sometimes called "the man of the trees," or one who belongs to the guild of the "leaves," (2), the diviner, whose chief task is diagnosis and (3) the witch doctor, whose job is to catch witches or exorcise evil spirits. The boundaries of these three specialties are not strictly defined; sometimes they are combined in the one person.

The medicine man passes on his skill to his son or to his sister's son. The medicine woman (for females are admitted to this profession) passes the practice on to her daughter or to her sister's daughter. Those who have no hereditary claims to the job usually pass a year of apprenticeship—paying their teachers in service the whole time, as well as paying fees for each new step as they advance, for a fee must be paid for each new secret revealed.

In addition to ranks among apprentices, "graduate" medicine men vary in prestige and reputation. There is even evidence of "postgraduate" medicine, for a medicine man might buy still higher secrets from others whose practice has brought them great renown.

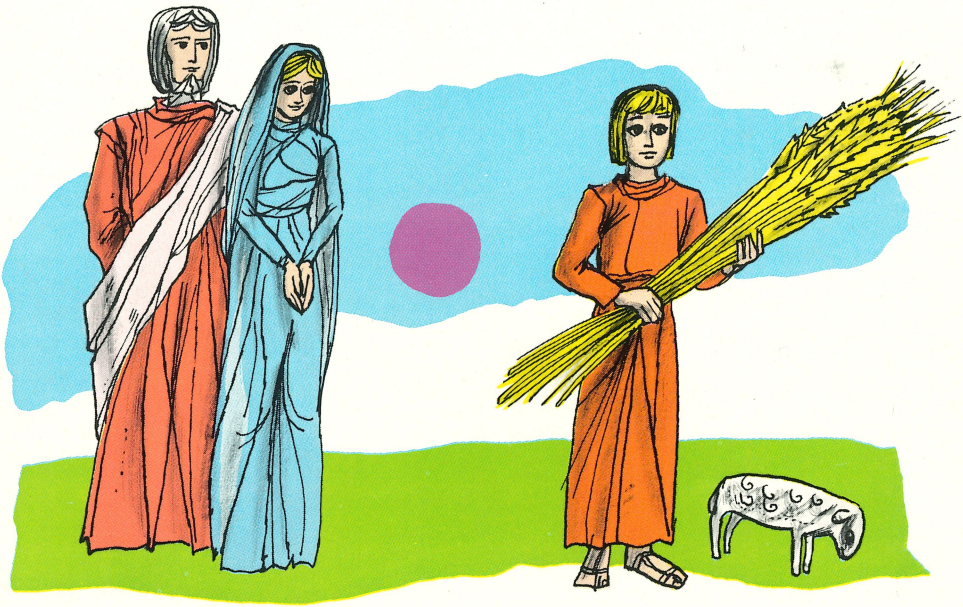
The medicine man is part doctor, part priest. Unless a man's conscience is clear and the bad intents of an adversary can be offset, the herbs administered may fail to produce the desired effect. Hence, the medicine man must know how to discover the sins of his patient and his family and to strengthen his herbal remedies with magical devices designed to keep out or drive away malignant spiritual forces.

Medical fees are generally large but usually are adjusted to the patient's ability to pay. An initial fee is charged, as well as additional fees for each important step in treatment, especially when it is necessary to delve into the secrets of the spirit world.

Presents to the medicine man are in order (and sometimes demanded by him) to keep him in good humor and to stimulate his interest in the case. If the patient recovers, a large fee is exacted. Sometimes it is in the nature of a thanks offering; sometimes it is a public feast.

Abstracted from G. H. Harley: Native Medicine (Harvard University Press, Cambridge, Mass. pp. 199-201)

And when they had fulfilled all things prescribed in the Law of the Lord, they returned to



Galilee, into their own town of Nazareth. And the child grew and became strong. He was full of wisdom and the grace of God was upon Him.

LUKE 2:39-40